

AUBURN CITY SCHOOLS
LEAVE REQUEST EXPENSE SUMMARY

Name: _____ Employee ID: _____ Date Submitted: _____

ALLOWABLE EXPENSES

Registration: _____ [attach invoice or receipt]

Lodging: _____ [original itemized invoice]

Coach Airline Tickets: _____ [original itemized invoice]

Personal Vehicle Mileage: _____ begin _____ end _____
odometer odometer odometer

Parking and Toll Fees: _____ [attached dated receipts]

number of
miles @ \$.545 _____

Limousine or Taxi Fees: _____ [attached dated or hand receipts]

Baggage Handling Fees: _____ [attached dated or hand receipts]

Other Expenses: _____ [dated receipts]

Telephone Calls: _____ [board business only]

Meal Expenses: **In State Travel** [Maximum Breakfast-\$15; Lunch-\$20; Dinner-\$30]
[Gratuity not to exceed 15%, part of maximum allowance]

Out of State Travel [Maximum Breakfast-\$20; Lunch-\$25; Dinner-\$40]
[Gratuity not to exceed 15%, part of maximum allowance]

Date	Breakfast		Lunch		Dinner		Daily Totals
	Location	Amount	Location	Amount	Location	Amount	

_____ Daily Travel Outside City Limits -- Destination _____ Justification **Total Allowable Expenses** _____

I certify the above is correct and due for services and/or travel reimbursement. _____
Applicant's Signature

G/L Account:												Amount			
	-		-		-		-		-		-				
	-		-		-		-		-		-				

Approved for Payment:

_____ Principal/Department Head Signature _____ Date _____ Superintendent Signature [if applicable] _____ Date